

AMENDED IN SENATE JULY 12, 2011

AMENDED IN SENATE JUNE 29, 2011

AMENDED IN ASSEMBLY JUNE 1, 2011

AMENDED IN ASSEMBLY MAY 27, 2011

AMENDED IN ASSEMBLY APRIL 4, 2011

CALIFORNIA LEGISLATURE—2011–12 REGULAR SESSION

ASSEMBLY BILL

No. 210

Introduced by Assembly Member Solorio

January 31, 2011

An act to amend Sections 1797.85, 1797.224, 1797.270, 1797.274, and 1797.276 of, and to repeal and add Section 1797.201 of, the Health and Safety Code, relating to emergency medical services.

LEGISLATIVE COUNSEL'S DIGEST

AB 210, as amended, Solorio. Emergency medical services.

(1) Existing law establishes the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, which governs local emergency medical service systems and establishes the Emergency Medical Services Authority, which is responsible for the coordination and integration of all state activities concerning emergency medical services. The act requires a county to enter into a written agreement with a city or fire district that contracted for, or provided, as of June 1, 1980, prehospital emergency medical services regarding the provision of these services for the city or fire district, as specified. The act requires, until an agreement is reached, prehospital emergency medical services to be continued at not less than the existing level,

unless reduced by the city council or the governing body of the fire district, as specified.

This bill would continue the authorization of a city or fire district that had continuously contracted for or provided prehospital emergency medical services (EMS) since June 1, 1980, to contract for or provide, with operational control, the same category of prehospital EMS that it has continuously provided during that time, within the geographical service area that it continuously served during that time, if the city or fire district makes a formal written request to the local EMS agency prior to January 1, 2014, and if specified conditions are met. The bill would revise the definition of exclusive operating area for this purpose to delete providers of limited advanced life support on advanced life support.

(2) The act authorizes a local EMS agency to create one or more exclusive operating areas in the development of a local plan, as specified, and requires a local EMS agency that creates an exclusive operating area in its local plan to develop and submit the local EMS agency's competitive process for selecting providers and determining the scope of their operations to the authority.

This bill would authorize a local EMS agency to grant one or more exclusive operating areas for emergency ambulance services, interfacility transport, or both, in the development of the local plan.

(3) The EMS act authorizes the establishment of an emergency medical care committee in each county and requires the committee to annually review ambulance services operating within the county, emergency medical care offered within the county, and first aid practices in the county. The act also requires the committee to report its observations and recommendations relative to this review to the authority and the local EMS agency.

This bill would, instead, require the committee to review the county's emergency medical *care* system. The bill would require the membership of an emergency medical care committee in each county to be representative of the EMS system participants.

(4) By increasing the duties of local officials, this bill would impose a state-mandated local program.

(5) The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state,

reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

1 SECTION 1. The Legislature finds and declares all of the
2 following:

3 (a) Emergency medical services (EMS) system coordination
4 remains the key factor in efficiently delivering the highest level
5 of prehospital patient care and emergency medical transport.

6 (b) All prehospital EMS providers in the EMS delivery system
7 must be guided by consistent, clear standards regarding their rights,
8 responsibilities, and duties arising out of the provision of
9 prehospital emergency medical services to their respective
10 communities.

11 (c) Local EMS agencies responsible for developing and
12 maintaining a local emergency medical services plan must be
13 guided by and responsive to reasonable and consistent standards
14 for evaluating and determining the scope, manner, and types of
15 services provided within their respective jurisdictions, particularly
16 when making determinations regarding exclusive operating areas,
17 as set forth in Sections 1797.85 and 1797.224, and the concomitant
18 rights of cities and fire districts that have provided prehospital
19 emergency medical services at not less than the existing level since
20 June 1, 1980.

21 (d) It is the intent of the act adding this subdivision to preserve
22 the rights of cities and fire districts as set forth in Section 1797.201,
23 as that section read on December 31, 2011, and the authority of
24 the local EMS agencies to grant exclusive operating areas pursuant
25 to Section 1797.224 as that section read on December 31, 2011,
26 and to align those rights and authority.

27 (e) Cities, fire districts, private providers, and local EMS
28 agencies are vital partners in the delivery of prehospital EMS,
29 partners that contribute to a rapid deployment of highly trained
30 EMS personnel.

31 (f) It is in the public interest to ensure that all agencies providing
32 prehospital EMS do so within a coordinated EMS system that
33 provides clear standards for training, certification, and licensure

1 of personnel, as well as for administration, medical control, and
2 clinical oversight.

3 SEC. 2. Section 1797.85 of the Health and Safety Code is
4 amended to read:

5 1797.85. “Exclusive operating area” means an EMS area or
6 subarea defined by the emergency medical services plan for which
7 a local EMS agency, upon the recommendation of a county,
8 restricts operations to one or more emergency ambulance services.

9 SEC. 3. Section 1797.201 of the Health and Safety Code is
10 repealed.

11 SEC. 4. Section 1797.201 is added to the Health and Safety
12 Code, to read:

13 1797.201. (a) A city or fire district that has continuously
14 contracted for or provided prehospital emergency medical services
15 (EMS) since June 1, 1980, shall ~~have continuing~~ *continue to have*
16 authorization to contract for or provide, with operational control,
17 the same category of prehospital EMS that ~~is~~ *it* has continuously
18 provided during that time, within the geographical service area
19 that it *has* continuously served during that time, if the city or fire
20 district makes a formal written request for recognition to the local
21 EMS agency prior to January 1, 2014, and if the following
22 conditions are met:

23 (1) The city or fire district has not previously entered into a
24 prehospital EMS administration agreement. ~~A For purposes of~~
25 ~~this section, a~~ “prehospital EMS administration agreement” means
26 an agreement entered into between a city or fire district and a local
27 EMS agency in which the city or fire district agreed to have their
28 prehospital EMS administered by the local EMS agency. An
29 agreement, other than an agreement described in this paragraph,
30 previously entered into between a local EMS agency and a city or
31 fire district where the city or fire district agreed to adhere to that
32 local EMS agency’s medical control policies and procedures shall
33 not constitute a prehospital EMS administration agreement.

34 (2) The city or fire district enters into a written agreement with
35 the local EMS agency, in a form specified by the local EMS
36 agency, addressing only the following:

37 (A) Medical control, including policies, protocols, emergency
38 medical dispatch protocols, and quality improvement.

39 (B) Coordination of EMS resources.

1 (C) Recognition of the category of prehospital EMS that the
2 city or fire district is authorized to perform.

3 (D) Designation of the geographical service area for which
4 authorization is granted.

5 (b) If the city or fire district fails to enter into an agreement with
6 the local EMS agency by January 1, 2014, or has failed to
7 commence an appeal, then the city or fire district shall not perform
8 or contract for that category of prehospital EMS unless formally
9 authorized to do so by the local EMS agency in accordance with
10 the requirements of this division. Appeals shall proceed in the
11 following order: local Emergency Medical Care Committee or its
12 equivalent, the governing body of the local EMS agency, and then
13 judicial review. The standard of review on the appeal shall be de
14 novo.

15 (c) A city or fire district that has not continuously performed,
16 or contracted for, a *specific* category of prehospital EMS since
17 June 1, 1980, shall not perform or contract for that category ~~or of~~
18 prehospital EMS unless formally authorized to do so by the local
19 EMS agency in accordance with the requirements of this division.

20 (d) A local EMS agency shall include all prehospital EMS
21 providers who comply with the requirements of this division in its
22 local emergency medical services plan.

23 (e) For purposes of this division, “category of prehospital EMS”
24 ~~shall include only~~ *only include* one or more of the following:

25 (1) First response, which means the delivery of prehospital EMS
26 without patient transport.

27 (2) Dispatch, which means dispatch of a provider’s own or
28 contracted prehospital EMS resources.

29 (3) 911 ambulance transport service, which means ambulance
30 service provided in response to a 911 call or, as determined by the
31 local EMS agency, an emergency call to a 7 digit number.

32 (4) Interfacility ambulance service, which means ambulance
33 transport, other than 911 ambulance service, between health
34 facilities or between a patient’s residence and a health facility.

35 (f) All prehospital EMS providers shall be subject to medical
36 control by the local EMS agency, including, but not limited to,
37 those pursuant to Chapter 5 (commencing with Section 1798), and
38 shall comply with local EMS agency policies and procedures
39 regarding the delivery of prehospital emergency medical services.

(g) Nothing in this section shall preclude a prehospital EMS provider from increasing the level of service it provides within a category of *prehospital EMS* for which it has continuously provided service since June 1, 1980.

(h) Nothing in this section shall be construed as permitting a prehospital EMS provider from adding a new category of ~~service~~ *prehospital EMS* that it has not provided continuously since June 1, 1980.

SEC. 5. Section 1797.224 of the Health and Safety Code is amended to read:

1797.224. A local EMS agency may create one or more exclusive operating areas for emergency ambulance services or interfacility transport, or both, in the development of a local plan, if a competitive process is utilized to select the provider or providers of the services pursuant to the plan. No competitive process is required if the local EMS agency develops or implements a local plan that continues the use of existing providers operating within a local EMS area in the manner and scope in which the services have been provided without interruption since January 1, 1981. A local EMS agency which elects to create one or more exclusive operating areas in the development of a local plan shall develop and submit for approval to the authority, as part of the local EMS plan, its competitive process for selecting providers and determining the scope of their operations. This plan shall include provisions for a competitive process held at periodic intervals, as determined by the local EMS agency.

SEC. 6. Section 1797.270 of the Health and Safety Code is amended to read:

1797.270. An emergency medical care committee may be established in each county in this state. The committee membership shall be representative of the EMS system participants. Nothing in this division should be construed to prevent two or more adjacent counties from establishing a single committee for review of emergency medical care in these counties.

SEC. 7. Section 1797.274 of the Health and Safety Code is amended to read:

1797.274. The emergency medical care committee shall, at least annually, review the county's emergency medical *care* system.

SEC. 8. Section 1797.276 of the Health and Safety Code is amended to read:

1 1797.276. Every emergency medical care committee shall, at
2 least annually, report to the authority, and the local EMS agency
3 its observations and recommendations relative to its review of the
4 county's emergency medical system. The emergency medical *care*
5 care committee shall submit its observations and recommendations
6 to the county board or boards of supervisors which it serves and
7 to the local EMS agency, on all matters relating to emergency
8 medical services.

9 SEC. 9. This act, which repeals and adds Section 1797.201 of
10 the Health and Safety Code, shall not be construed to affect, limit,
11 or otherwise invalidate any decision by a court of competent
12 jurisdiction that interprets and applies Division 2.5 (commencing
13 with Section 1797) of the Health and Safety Code, as that division
14 read on December 31, 2011.

15 SEC. 10. If the Commission on State Mandates determines
16 that this act contains costs mandated by the state, reimbursement
17 to local agencies and school districts for those costs shall be made
18 pursuant to Part 7 (commencing with Section 17500) of Division
19 4 of Title 2 of the Government Code.